This form is effective beginning with the January 1 to June 30, 2017 accounting period (2017/1)

If you are filing for a prior accounting period, contact the Licensing Division for the correct form.

SA1-2E Short Form

STATEMENT OF ACCOUNT

for Secondary Transmissions by Cable Systems (Short Form)

General instructions are located in the first tab of this workbook

FOR COPYRIGHT OFFICE USE ONLY						
DATE RECEIVED	AMOUNT					
08/04/2022	\$ ALLOCATION NUMBER					

Return completed workbook by email to:

coplicsoa@loc.gov

For additional information, contact the U.S. Copyright Office Licensing Division at: Tel: (202) 707-8150

Α	ACCOUNTING PERIOD COVERED BY THIS STATEMENT: (YYYY/(Period))							
	Period 1 = January 1 - June 30 Period 2 = July 1 - December 31							
Accounting	Barcode Data Filing Period (optional - see instructions)							
Period								
В	Instructions: Give the full legal name of the owner of the cable system. If the owner is a subsidiary of another corporation, give the full corporate title of the subsidiary, not that of the parent corporation.							
Owner	List any other name or names under which the owner conducts the business of the cable system.							
	If there were different owners during the accounting period, only the owner on the last day of the accounting period should submit a single statement of account and royalty fee payment covering the entire accounting period.							
	Check here if this is the system's first filing. If not, enter the system's ID number assigned by the Licensing Division.							
	LEGAL NAME OF OWNER/MAILING ADDRESS OF CABLE SYSTEM							
	Citizens Cablevision, Inc.							
	BUSINESS NAME(S) OF OWNER OF CABLE SYSTEM (IF DIFFERENT)							
	MAILING ADDRESS OF OWNER OF CABLE SYSTEM P.O. Box 656							
	(Number, street, rural route, apartment, or suite number)							
	Higginsville, MO 64037 (City, town, state, zip)							
С	INSTRUCTIONS: In line 1, give any business or trade names used to identify the business and operation of the system unless these names already appear in space B. In line 2, give the mailing address of the system, if different from the address given in space B							
System	1 IDENTIFICATION OF CABLE SYSTEM:							
	MAILING ADDRESS OF CABLE SYSTEM:							
	2 (Number, street, rural route, apartment, or suite number)							
	(City, town, state, zip code)							

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Offce to collect the personally identifying information (PII) requested on this form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Offce's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal suffciency of the fling, a determination that would be made by a court of law.

Accounting Period:	2022/1								
	LEGAL NAME OF OWNER OF CABLE SYSTEM:	FORM SA1-2E. PAGE 1b. SYSTEM ID#							
Name	Citizens Cablevision, Inc.	008244							
		A "community" is the same as a "community unit" as defined in FCC rules:							
D	"a separate and distinct community or municipal entity (including unincorporated communities within unincorporated areas and including single, discrete unincorporated areas)." 47 C.F.R. 76.5(dd). The first community that you list will serve as a form of system identification hereafter known as the "first community." Please use it as the first community on all future filings. Note: Entities and properties such as hotels, apartments, condominiums, or mobile home parks should be reported in parentheses below the								
Area Served	Note: Entities and properties such as hotels, apartments, condominiums, identified city.	, or mobile home parks should be reported in parentneses below the							
First	CITY OR TOWN Higginsville	STATE MO							
Community	Alma	MO							
	Blackburn	MO							
Add Rows as Necessary	Concordia	MO							
taa nows as necessary	Corder	MO							
	Emma	MO							
	Gilliam	MO							
	Houstonia	MO							
	Malta Bend	MO							
	Slater	MO							
	Sweet Springs	MO							
	Waverly	MO							
	Mayview	MO							

Accounting Period: 2022/1

FORM SA1-2E. PAGE 2.

Name

LEGAL NAME OF OWNER OF CABLE SYSTEM:

Citizens Cablevision, Inc.

008244

Ε

Secondary Transmission Service: Subscribers and Rates

SECONDARY TRANSMISSION SERVICE: SUBSCRIBERS AND RATES

In General: The information in space E should cover all categories of secondary transmission service of the cable system, that is, the retransmission of television and radio broadcasts by your system to subscribers. Give information about other services (including pay cable) in space F, not here. All the facts you state must be those existing on the last day of the accounting period (June 30 or December 31, as the case may be).

Number of Subscribers: Both blocks in space E call for the number of subscribers to the cable system, broken down by categories of secondary transmission service. In general, you can compute the number of subscribers in each category by counting the number of billings in that category (the number of persons or organizations charged separately for the particular service at the rate indicated—not the number of sets receiving service).

Rate: Give the standard rate charged for each category of service. Include both the amount of the charge and the unit in which it is generally billed. (Example: "\$20/mth"). Summarize any standard rate variations within a particular rate category, but do not include discounts allowed for advance payment.

Block 1: In the left-hand block in space E, the form lists the categories of secondary transmission service that cable systems most commonly provide to their subscribers. Give the number of subscribers and rate for each listed category that applies to your system. **Note:** Where an individual or organization is receiving service that falls under different categories, that person or entity should be counted as a subscriber in each applicable category. Example: a residential subscriber who pays extra for cable service to additional sets would be included in the count under "Service to the first set" and would be counted once again under "Service to additional set(s)."

Block 2: If your cable system has rate categories for secondary transmission service that are different from those printed in block 1 (for example, tiers of services that include one or more secondary transmissions), list them, together with the number of subscribers and rates, in the right-hand block. A two- or three-word description of the service is sufficient.

BL	OCK 1	BLOCK 2				
	NO. OF			NO. OF		
CATEGORY OF SERVICE	SUBSCRIBERS	RATE	CATEGORY OF SERVICE	SUBSCRIBERS	RATE	
Residential:						
 Service to first set 	903	59.45	Choice Package	73	118.95	
 Service to additional set(s) 			Premier Package	698	129.95	
 FM radio (if separate rate) 						
Motel, hotel						
Commercial						
Converter						
 Residential 						
Non-residential						
		†				

F

Services Other Than Secondary Transmissions: Rates

SERVICES OTHER THAN SECONDARY TRANSMISSIONS: RATES

In General: Space F calls for rate (not subscriber) information with respect to all your cable system's services that were not covered in space E, that is, those services that are not offered in combination with any secondary transmission service for a single fee. There are two exceptions: you do not need to give rate information concerning (1) services furnished at cost or (2) services or facilities furnished to nonsubscribers. Rate information should include both the amount of the charge and the unit in which it is usually billed. If any rates are charged on a variable per-program basis, enter only the letters "PP" in the rate column.

Block 1: Give the standard rate charged by the cable system for each of the applicable services listed.

Block 2: List any services that your cable system furnished or offered during the accounting period that were not listed in block 1 and for which a separate charge was made or established. List these other services in the form of a brief (two- or three-word) description and include the rate for each.

BLOCK 1				BLOCK 2	
CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE	CATEGORY OF SERVICE	RATE
Continuing Services:		Installation: Non-residential			
• Pay cable		 Motel, hotel 		НВО	17.95
 Pay cable—add'l channel 		 Commercial 		Cinemax	14.95
 Fire protection 		• Pay cable		Showtime	15.95
Burglar protection		 Pay cable-add'l channel 		Starz	13.95
Installation: Residential		 Fire protection 			
• First set	39.95	 Burglar protection 			
 Additional set(s) 		Other services:			
 FM radio (if separate rate) 		 Reconnect 			
Converter		Disconnect			
		 Outlet relocation 			
		 Move to new address 			

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3.

LEGAL NAME OF OWNER OF CABLE SYSTEM: SYSTEM ID#

Name

Citizens Cablevision, Inc.

008244

G

Primary Transmitters: Television

PRIMARY TRANSMITTERS: TELEVISION

In General: In space G, identify every television station (including translator stations and low power television stations) carried by your cable system during the accounting period, *except* (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a substitute program basis, as explained in the next paragraph.

Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations:

• Do *not* list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried *only* on a substitute basis.

• List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions.

Column 1: List each station's call sign. *Do not* report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form.

Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C.

Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form.

Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified.

Add Rows as Necessary

1. CALL SIGN	2. B'CAST CHANNEL NUMBER	3. TYPE OF STATION	4. LOCATION OF STATION
KCPT-DT	18	E	Kansas City, MO
KCPT-HD	18.1	E-M	Kansas City, MO
КСРТ-2	18.2	E-M	Kansas City, MO
KCPT-2HD	18.3	E-M	Kansas City, MO
KCTV-DT	24	N	Kansas City, MO
KCTV-HD	24.1	N-M	Kansas City, MO
KCWE-DT	31	N	Kansas City, MO
KCWE-HD	31.1	N-M	Kansas City, MO
KMBC-DT	9	N	Kansas City, MO
KMBC-HD	9.1	N-M	Kansas City, MO
KMCI-DT	36	<u> </u>	Lawrence, KS
KMCI-HD	36.1	I-M	Lawrence, KS
KMCI-Grit	36.2	I-M	Lawrence, KS
KMCI-Escape	36.3	I-M	Lawrence, KS
KMOS-CREATE	15.2	E-M	Sedalia, MO
KMOS-HD	15.1	E-M	Sedalia, MO
KMOS-DT	15	E	Sedalia, MO
KPXE-DT	51	<u> </u>	Kansas City, MO
KPXE-HD	51.1	I-M	Kansas City, MO
KPXE-ION	51.2	I-M	Kansas City, MO
KSHB-DT	42	N	Kansas City, MO
KSHB-HD	42.1	N-M	Kansas City, MO
KSHB-LaffTV	42.2	N-M	Kansas City, MO
KSMO-DT	47	<u> </u>	Kansas City, MO

Accounting Period: 2022/1 FORM SA1-2E. PAGE 3. SYSTEM ID# LEGAL NAME OF OWNER OF CABLE SYSTEM: Name 008244 Citizens Cablevision, Inc. PRIMARY TRANSMITTERS: TELEVISION In General: In space G, identify every television station (including translator stations and low power television stations) G carried by your cable system during the accounting period, except (1) stations carried only on a part-time basis under FCC rules and regulations in effect on June 24, 1981, permitting the carriage of certain network programs [sections 76.59(d)(2) and (4), 76.61(e)(2) and (4), or 76.63 (referring to 76.61(e)(2) and (4))]; and (2) certain stations carried on a Primary Transmitters: substitute program basis, as explained in the next paragraph. Television Substitute Basis Stations: With respect to any distant stations carried by your cable system on a substitute program basis under specific FCC rules, regulations, or authorizations: • Do not list the station here in space G—but do list it in space I (the Special Statement and Program Log)—if the station was carried only on a substitute basis. · List the station here, and also in space I, if the station was carried both on a substitute basis and also on some other basis. For further information concerning substitute basis stations, see page (v) of the general instructions. Column 1: List each station's call sign. Do not report origination program services such as HBO, ESPN, etc. Identify each multicast stream associated with a station according to its over-the-air designation. For example, report multistream "WETA-2" as the same on the form. Column 2: Give the channel number the FCC assigned to the television station for broadcasting over the air in its community of license. For example, WRC is channel 4 in Washington, D.C. Column 3: Indicate in each case whether the station is a network station, an independent station, or a noncommercial educational station, by entering the letter "N" (for network), "N-M" (for network multicast), "I" (for independent), "I-M" (for independent multicast), "E" (for noncommercial educational), or "E-M" (for noncommercial educational multicast). For the meaning of these terms, see page (iv) of the general instructions in the paper SA1-2 form. Column 4: Give the location of each station. For U.S. stations, list the community to which the station is licensed by the FCC. For Mexican or Canadian stations, if any, give the name of the community with which the station is identified. 1. CALL SIGN 2. B'CAST CHANNEL NUMBER 3. TYPE OF STATION 4. LOCATION OF STATION KSMO-HD 47.1 I-M Kansas City, MO **KSMO-Bounce** 47.2 I-M Kansas City, MO **WDAF-DT** 34 Kansas City, MO

I-M

Kansas City, MO

34.1

WDAF-HD

Accounting Period: 2022/1 FORM SA1-2E. PAGE 4.

LEGAL NAME OF OWNER OF CABLE SYSTEM:

SYSTEM ID#

Citizens Cablevision, Inc.

008244

PRIMARY TRANSMITTERS: RADIO

In General: List every radio station carried on a separate and discrete basis and list those FM stations carried on an all-band basis whose signals were generally receivable by your cable system during the accounting period.

Н

Special Instructions Concerning All-Band FM Carriage: Under Copyright Office regulations, an FM signal is generally receivable if (1) it is carried by the system whenever it is received at the system's headend, and (2) it can be expected, on the basis of monitoring, to be received at the headend, with the system's FM antenna, during certain stated intervals. For detailed information about the Copyright Office regulations on this point, see page (v) of the general instructions in the. paper SA1-2 form.

Primary Transmitters: Radio

- Column 1: Identify the call sign of each station carried.
- Column 2: State whether the station is AM or FM.
- **Column 3:** If the radio station's signal was electronically processed by the cable system as a separate and discrete signal, indicate this by placing a check mark in the "S/D" column.

Column 4: Give the station's location (the community to which the station is licensed by the FCC or, in the case of Mexican or Canadian stations, if any, the community with which the station is identified).

						•	T
CALL SIGN	AM or FM	S/D	LOCATION OF STATION	CALL SIGN	AM or FM	S/D	LOCATION OF STATION
KMMO							
XIVIIVIO							
	l						

Accounting Perio	nd: 2022/1						EOP!	/I SA1-2E. PAGE 5.
Accounting Feric	LEGAL NAME OF OWNER OF	CABLE SYS	TEM:				FORIV	SYSTEM ID#
Name	Citizens Cablevision,	Inc.						008244
	CURCUITUTE CARRIAC	E. CDECL	NI CTATEME	NT AND DDOCDAM I O	^			
1	SUBSTITUTE CARRIAG				_	tion that your	aabla avat	tom carried on a
•	In General: In space I, identify every nonnetwork television program, broadcast by a distant station, that your cable system carried on a substitute basis during the accounting period, under specific present and former FCC rules, regulations, or authorizations. For a further							
Substitute	explanation of the programming that must be included in this log, see page (v) of the general instructions in the paper SA1-2 form.							
Carriage:	1. SPECIAL STATEMEN	T CONCER	RNING SUBS	TITUTE CARRIAGE				
Special Statement and	1° DUTING THE ACCOUNTING DEFIND, DIG YOUR CADIE SYSTEM CARTY, OH A SUBSTITUTE DASIS, ATTY HOTHERWORK RETEVISION DIOGRA							
Program Log	broadcast by a distant sta	ition?					YES	NO
	Note: If your answer is "No	o", leave the	rest of this pa	nge blank. If your answer is	s "Yes," you r	nust complete	the prog	ram
	log in block 2.							
	2. LOG OF SUBSTITUT							_
	In General: List each subsclear. If you need more spa				wherever po	ossible, if their	meaning	j is
				vision program ("substitute	program") tl	nat, during the	accounti	ing
	period, was broadcast by a							
	under certain FCC rules, re Do not use general catego							
	"NBA Basketball: 76ers vs.	Bulls."						
				er "Yes." Otherwise enter " casting the substitute progr				
		•		the community to which the		censed by the	FCC or, i	in
	the case of Mexican or Car						20.0	
	first. Example: for May 7 gi		wnen your sy	stem carried the substitute	program. Us	se numerais, v	vith the m	nontn
	Column 6: State the time	es when the		ogram was carried by your				ately
	to the nearest five minutes stated as "6:00–6:30 p.m."	. Example:	a program car	ried by a system from 6:01	:15 p.m. to 6	:28:30 p.m. sh	nould be	
		ter "R" if the	listed prograr	n was substituted for progr	amming that	your system v	was requi	ired
	to delete under FCC rules							ogram
	was substituted for prograr effect on October 19, 1976	•	your system w	as permitted to delete und	er FCC rules	and regulatio	ns in	
	Check on October 15, 1576	•			1			
						N SUBSTITU		7 0540011500
	S		E PROGRAM	1	OF IT IT IT IS A STATE OF THE S			7. REASON FOR DELETION
	TITLE OF PROGRAM	2. LIVE? Yes or No	STATION'S CALL SIGN	4. STATION'S LOCATION	5. MONTH AND DAY	FROM —	TO	
		 						
		 						
		 						
								
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Accounting Period:	2022/1			FORM	SA1-2E. PAGE			
Name	LEGAL NAME OF OWNER OF CABLE SYSTEM: Citizens Cablevision, Inc.			;	SYSTEM ID 00824			
K Gross Receipts	GROSS RECEIPTS Instructions: The figure you give in this space determines the form you file a all amounts (gross receipts) paid to your cable system by subscribers for the (as identified in space E) during the accounting period. For a further explanar page (vii) of the general instructions located in the paper SA1-2 form. Gross receipts from subscribers for secondary transmission service(s) during the accounting period. IMPORTANT: You must complete a statement in space P concerning gross	system's tion of hov	secondary trans v to compute this	mission services amount, see	ce			
L Copyright Royalty Fee	COPYRIGHT ROYALTY FEE Instructions: To compute the royalty fee you owe: Complete block 1, block 2, or block 3.							
	BLOCK 1: GROSS RECEIPTS OF \$13	7,100 OR	LESS					
	Instructions: As a cable system with gross receipts of \$137,100 or less, the roya accounting period is \$52.00	alty fee tha	t you must pay fo	or this six-mor	nti			
	Line 1. Royalty fee for accounting period			· ·				
	Line 2. Interest charge. Enter the amount from line 4, space Q, page 8				0.00			
	Line 3. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD Add	lines 1 and	d 2	<u></u>				
	BLOCK 2: GROSS RECEIPTS OF \$263,800 OR LE	SS (but m	nore than \$137,	100)				
	Base amount under statutory formula	\$	263,800.00					
	Enter amount of gross receipts from space K							
	3. Subtract line 2 from line 1							
	Enter the amount of gross receipts from space K				_			
	5. Enter the amount from line 3				_			
	6. Subtract line 5 from line 4				_			
	7. Multiply line 6 by .005 (enter figure here)							
	8. Interest charge. Enter the amount from line 4, space Q, page 8				0.00			
	9. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	7 and 8						
	BLOCK 3: GROSS RECEIPTS OF MORE THAN \$26	3,800 (bu	t less than \$527	7,600)				
	Enter the amount of gross receipts from space K	\$	337,378.75					
	2. Base amount under statutory formula	\$	263,800.00					
	3. Subtract line 2 from line 1	\$	73,578.75					
	4. Multiply line 3 by .01		\$	735.79	-			
	5. Royalty due on the first \$263,800 of gross receipts (under statutory formula).		\$	1,319.00	-			
	6. Interest charge. Enter the amount from line 4, space Q, page 8		· · <u></u>	0.00	-			
	7. TOTAL ROYALTY FEE PAYABLE FOR ACCOUNTING PERIOD. Add lines	4, 5, and	6	\$	2,054.79			
	FILING FEE AND TOTAL REMITTANCE DU	JE						
Filing Fee and Total Remittance	Royalty Fee Payable for Accounting Period (from Block 1, 2, or 3, above)		\$	2,054.79	<u>-</u>			
Due	Filing Fee (See the instructions for more information on filing fee calculations)	\$	20.00	. 			
	3. TOTAL AMOUNT DUE FOR ACCOUNTING PERIOD. Add lines 2 and 3.			\$	2,074.79			
	Important: Your remittance must be in the form of an electronic pay See page i of the general instructions in the paper SA ⁴		_		rights!			

Accounting Period:	2022/1			FORM SA1-2E. PAGE 7.					
Name	LEGAL NAME OF C	WNER OF CABLE SYSTEM: rision, Inc.		SYSTEM ID# 008244					
M Channels	CHANNELS Instructions: You must give (1) the number of channels on which the cable system carried television broadcast stations to its subscribers, and (2) the cable system's total number of activated channels during the accounting period. 1. Enter the total number of channels on which the cable system carried television broadcast stations								
	on which the ca	number of activated channels ble system carried television broadcas ast services		288					
N Individual to Be Contacted		BE CONTACTED IF FURTHER INFO	PRMATION IS NEEDED (Identify an individual to whom						
for Further Information	Name	David Adams	Telephone	660-584-2288					
	Address	P.O. Box 656 (Number, street, rural route, apartment, or sui	te number)						
		Higginsville, MO 64037 (City, town, state, zip)							
	Email		Fax (optional)						
0	CERTIFICATION	This statement of account must be ce	rtified and signed in accordance with Copyright Office regulations	5)					
Certification	I, the undersigner	d, hereby certify that (Check one,but onl	ly one, of the boxes.)						
	(Owne	other than corporation or partnership	p) I am the owner of the cable system as identified in line 1 of space	B; or					
		of owner other than corporation or pane 1 of space B and that the owner is no	artnership) I am the duly authorized agent of the owner of the cable of a corporation or partnership; or	system as identified					
		r or partner) I am an officer (if a corpora ne 1 of space B.	ation) or a partner (if a partnership) of the legal entity identified as ow	rner of the cable system					
		, and correct to the best of my knowledg	clare under penalty of law that all statements of fact contained hereir ge, information, and belief, and are made in good faith.	1					
		X	/s/ David Adams						
			electronic signature on the line above to certify this statement. nature using an "/s/ signature" (e.g., /s/ John Smith)						
		Typed or printed name:	David Adams						
			al Manager on held in corporation or partnership)						
		Date:	7/18/22						

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephon numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and i search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law

Accounting Period: 2022/1		FORM SA1-2E. PAGE 8.
LEGAL NAME OF OWNER OF CABLE SYSTEM:		SYSTEM ID#
Citizens Cablevision, Inc.		008244
SPECIAL STATEMENT CONCERNING GROSS RECTHS The Satellite Home Viewer Act of 1988 amended Title 17, section lowing sentence: "In determining the total number of subscribers and the generation of providing secondary transmissions of primary scribers and amounts collected from subscribers receiving For more information on when to exclude these amounts, see the located in the paper SA1-2 form.	on 111(d)(1)(A), of the Copyright Act by adding the fol- gross amounts paid to the cable system for the basic broadcast transmitters, the system shall not include sub- ng secondary transmissions pursuant to section 119."	P Special Statement Concerning Gross Receipts Exclusion
During the accounting period, did the cable system exclude any made by satellite carriers to satellite dish owners? X NO YES. Enter the total here and list the satellite carrier(s) below		
Name Mailing Address	Name Mailing Address	
INTEREST ASSESSMENT You must complete this worksheet for those royalty payments sure for an explanation of interest assessment, see page (viii) of the Line 1 Enter the amount of late payment or underpayment	general instructions located in the paper SA1-2 form.	Q Interest Assessment
Line 2 Multiply line 1 by the interest rate* and enter the sum he		
Line 3 Multiply line 2 by the number of days late and enter the	sum here	
Line 4 Multiply line 3 by 0.00274** and enter here in space L, (page 6) block 1, line 2, or block 2 line 8, or b	olock 3 line 6 (interest charge)	
* To view the interest rate chart click on www.copyright.gov/contact the Licensing Division at (202) 707-8150 or licensing	ng@loc.gov.	
** This is the decimal equivalent of 1/365, which is the intere	st assessment for one day late.	
NOTE: If you are filing this worksheet covering a statement of ac list below the owner, address, first community served, ID numbe		
Owner Address		
ID number First community served Accounting period		

Privacy Act Notice: Section 111 of title 17 of the United States Code authorizes the Copyright Office to collect the personally identifying information (PII) requested on th form in order to process your statement of account. PII is any personal information that can be used to identify or trace an individual, such as name, address and telephone numbers. By providing PII, you are agreeing to the routine use of it to establish and maintain a public record, which includes appearing in the Office's public indexes and in search reports prepared for the public. The effect of not providing the PII requested is that it may delay processing of your statement of account and its placement in the completed record of statements of account, and it may affect the legal sufficiency of the fling, a determination that would be made by a court of law.